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## BIB DATA SHEET

CONFIRMATION NO. 6931

<b>SERIAL NUMBER</b> 10/721,857	<b>FILING or 371(c) DATE</b> 11/25/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> ETH5293USNP
<b>APPLICANTS</b> Fred H. Burbank, Laguna Niguel, CA; Greig E. Altieri, Laguna Beach, CA; Michael L. Jones, San Clemente, CA; Ed Olson, Lake Forest, CA;				
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/24/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /ELIZABETH HOUSTON/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 31
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> PHILIP S. JOHNSON JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003 UNITED STATES				
<b>TITLE</b> OCCLUSION DEVICE FOR ASYMMETRICAL UTERINE ARTERY ANATOMY				
<b>FILING FEE RECEIVED</b> 1059	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	